

- Specific information necessary to complete the redetermination,
- The opportunity to report changes,
- That the AG may receive a verification checklist for completion and return, if reported changes require follow-up,
- That the AG(s) will be closed after proper notification, if the redetermination is not completed, and
- Instructions for submitting the pre-populated auto renewal verification checklist form online by using inROADS. A phone number to call if the individual has questions about submitting the pre-populated auto renewal verification checklist online.

The client must be given 30 days from the date of the letter to return the information. The information may be submitted by mail, phone, electronically, Internet, or in person. Failure to respond and provide the necessary information will result in closure of the benefit.

If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be back dated up to 3 months.

## 2. Special Procedures – Rolling Renewals

When a change is reported during the certification period which affects eligibility, the Department must only request the information on the change reported. When the information is received, the client is evaluated for rolling renewal. If the agency has enough information available to renew eligibility with respect to all the eligibility criteria, the agency must begin a new 12-month certification period.

A rolling renewal will be completed for all MAGI Medicaid and **WVCHIP** AG's only during a 12-month SNAP **or TANF** review or another MAGI Medicaid or **WVCHIP** review. The agency must begin a new 12-month certification period for all **MAGI** Medicaid AG's in the case. Rolling renewals do not apply to pregnancy Medicaid or to any non-MAGI Medicaid category.